



## INSTRUCTOR INFORMATION

**\*WE WOULD LOVE TO HAVE YOU AS AN INSTRUCTOR\***



**Former students and non-students are invited to apply to become an instructor with the Brevard Electrical Apprenticeship Training Program.**

There are just a few requirements to be eligible:

- 1) A Journeyman's License is the minimum license necessary\*
- 2) A Driver's License or FL I.D.
- 3) 4 years of field experience in the trade
- 4) 3 References (*at least one personal & one employer, the 3<sup>rd</sup> is applicant's choice*)
- 5) A desire to help others learn from his/her experience
- 6) A desire to help the electrical trade in general improve and grow
- 7) A willingness to grow in knowledge and his/her own personal skills as an electrician and an individual

*\*A current student, even with a Journeyman's License, is not eligible to become an instructor until after graduation\**



## BREVARD ELECTRICAL APPRENTICESHIP TRAINING PROGRAM

700 N. Wickham Road, Ste. 108, Melbourne, FL 32935

Office (321) 254-0492, Fax (321) 254-6946

### BEATP INSTRUCTOR APPLICATION

Name \_\_\_\_\_ Home Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Address \_\_\_\_\_ Cell Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_  
*\*copy of Social Security card is required\**

Born in the USA? yes \_\_\_ no \_\_\_ If no, country of birth? \_\_\_\_\_

Citizenship or Alien Residency # and date \_\_\_\_\_  
*\*if applicable, copy of current Alien Resident card is required\**

Florida Drivers License/I.D (circle one)      Diploma/GED (circle one)      Grad Date: \_\_\_\_\_  
*\*copy of Drivers License/ID is required\**      *\*copy of Diploma or GED is required\**

Do you have health insurance? yes \_\_\_ no \_\_\_ Name of insurance \_\_\_\_\_  
*\*copy of current Insurance card is required\**

Journeyman License # \_\_\_\_\_ Email Address \_\_\_\_\_  
*\*copy of Journeyman License required and is the minimum requirement to teach\**

Master Electrician License # \_\_\_\_\_ General Contractor License # \_\_\_\_\_  
*\*copy of License required IF Applicant has one. Not required to have in order to teach.\**

Apprenticeship Training \_\_\_\_\_  
*\*if applicable, copy of Apprenticeship Certificate is required\**

Currently employed by \_\_\_\_\_ How long? \_\_\_\_\_

Previously employed by \_\_\_\_\_ How long? \_\_\_\_\_

Teaching experience \_\_\_\_\_

Certifications: OSHA 10? yes \_\_\_ no \_\_\_ OSHA 30? yes \_\_\_ no \_\_\_ CPR? yes \_\_\_ no \_\_\_

Other certifications \_\_\_\_\_

**If accepted as an instructor, I agree to comply with the BEATP Standards of Apprenticeship, and the rules and decisions of the persons responsible for conducting the program. I understand that as an instructor I am not allowed to solicit students in the classroom for employment to the company I work for, or to any other company.**

\_\_\_\_\_  
Signature of the Applicant

\_\_\_\_\_  
Date



## BREVARD ELECTRICAL APPRENTICESHIP TRAINING PROGRAM

700 N. Wickham Road, Ste. 108, Melbourne, FL 32935

Office (321) 254-0492, Fax (321) 254-6946

### BEATP INSTRUCTOR REFERENCE FORM #1

In reference to applicant: \_\_\_\_\_  
(Applicant's Name)

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

I have known this applicant since: \_\_\_\_\_ May we contact you? Y / N

I know this applicant: \_\_\_personally \_\_\_co-worker \_\_\_as an employee

If from job position, give dates: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

If from job position, give your position title: \_\_\_\_\_

On a scale of 1 – 10 or N/A (1 being the lowest rating), please rate the applicant:

Responsible: \_\_\_\_\_ Shows Initiative: \_\_\_\_\_ Shows Leadership: \_\_\_\_\_

Good Judgement: \_\_\_\_\_ Respectful to Authority: \_\_\_\_\_ Self-motivated: \_\_\_\_\_

Punctual: \_\_\_\_\_ Communication Skills: \_\_\_\_\_ Adaptable/Cooperative: \_\_\_\_\_

Do you know of any reason why it would not be advisable for this individual to be an instructor for electrical training? \_\_\_ Yes \_\_\_No

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

*\*The answers on this form will be confidential to the BEATP Committee, so please be as honest as possible. 12/16*

#### BEATP OFFICE USE ONLY

Reference Above Contacted? Y / N Contact Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_



**BREVARD ELECTRICAL APPRENTICESHIP TRAINING PROGRAM**

700 N. Wickham Road, Ste. 108, Melbourne, FL 32935

Office (321) 254-0492, Fax (321) 254-6946

**BEATP INSTRUCTOR REFERENCE FORM #2**

In reference to applicant: \_\_\_\_\_  
(Applicant's Name)

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

I have known this applicant since: \_\_\_\_\_ May we contact you? Y / N

I know this applicant: \_\_\_personally \_\_\_co-worker \_\_\_as an employee

If from job position, give dates: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

If from job position, give your position title: \_\_\_\_\_

On a scale of 1 – 10 or N/A (1 being the lowest rating), please rate the applicant:

Responsible: \_\_\_\_\_ Shows Initiative: \_\_\_\_\_ Shows Leadership: \_\_\_\_\_

Good Judgement: \_\_\_\_\_ Respectful to Authority: \_\_\_\_\_ Self-motivated: \_\_\_\_\_

Punctual: \_\_\_\_\_ Communication Skills: \_\_\_\_\_ Adaptable/Cooperative: \_\_\_\_\_

Do you know of any reason why it would not be advisable for this individual to be an instructor for electrical training? \_\_\_ Yes \_\_\_ No

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*\*The answers on this form will be confidential to the BEATP Committee, so please be as honest as possible. 12/16*

**BEATP OFFICE USE ONLY**

Reference Above Contacted? Y / N Contact Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_



## BREVARD ELECTRICAL APPRENTICESHIP TRAINING PROGRAM

700 N. Wickham Road, Ste. 108, Melbourne, FL 32935

Office (321) 254-0492, Fax (321) 254-6946

### BEATP INSTRUCTOR REFERENCE FORM #3

In reference to applicant: \_\_\_\_\_  
(Applicant's Name)

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

I have known this applicant since: \_\_\_\_\_ May we contact you? Y / N

I know this applicant: \_\_\_personally \_\_\_co-worker \_\_\_as an employee

If from job position, give dates: From \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

If from job position, give your position title: \_\_\_\_\_

On a scale of 1 – 10 or N/A (1 being the lowest rating), please rate the applicant:

Responsible: \_\_\_\_\_ Shows Initiative: \_\_\_\_\_ Shows Leadership: \_\_\_\_\_

Good Judgement: \_\_\_\_\_ Respectful to Authority: \_\_\_\_\_ Self-motivated: \_\_\_\_\_

Punctual: \_\_\_\_\_ Communication Skills: \_\_\_\_\_ Adaptable/Cooperative: \_\_\_\_\_

Do you know of any reason why it would not be advisable for this individual to be an instructor for electrical training? \_\_\_ Yes \_\_\_ No

If Yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\* The answers on this form will be confidential to the BEATP Committee, so please be as honest as possible. 12/16

#### BEATP OFFICE USE ONLY

Reference Above Contacted? Y / N Contact Date: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_